

3771 Eastwood Drive Jackson, Mississippi 39211 Phone 601-432-8000 Fax 601-713-6380

Exemption Request

			puon request	
Project Title:			Stimulus (A	RRA) Funds? Yes No
Customer Conta	act Informa	ation		
Agency/Institution:			Contact Person:	
Address:			Phone:	
			Fax:	
SAAS Codes (only re	anired from st	tate agencies)	Email Address: Division/Dept:	
Provider Code:	quireu irom se	aute ageneres)	Division Dept.	
Agency Code:			Handmail: Yes No	
Project Summar	ry			
Narrative Description				
		hould be effective through th	is date:	
(Please allow time for	all vendor invo	oices to be paid)	The Constant of	
Cost Estimates Fiscal Year	Initial C	osts Ongoing Costs	Time Constraints Item Needed by:	
riscai Tear	Thuiai C	osis Ongoing Cosis	Funds Expire:	
- TD / 1				
Total				
Discuss Funding (e.g	. how much of	needed funding is definite; tot	al project budget; any matching or other non st	ate funds; fund number)
Anticinated Lifecycle	of Products/S	System (i.e. estimate years eff	fective use)	
Anticipated Energeic	of Frouders/5	ystem (i.e. estimate years en	sective use)	
Acquisition Deta	ails			
Items Requested:	4113			
rems requesteu.				
Name		Quantity	Description	Building Location(s)
Dananih a mla46a 9	: C 4	(
Describe platform & infrastructure (connectivity; software/hardware platforms; utilization of State Data Center resources: mainframe, eGovernment portal, payment engine, document management, hosting). For equipment or hosting outside the State Data Center, attach justification:				
portar, payment engine	, document ma	magement, nosting). Tor equip	princing of hosting outside the State Bata Center,	attach justification.
Progress to Date: What has been done related to this project, including any communication with ITS staff (data/voice/procurement/other)?				
Vandam Cantactad. (Notes that a mitter attitude a stimute and beninformation and formation)				
Vendors Contacted : (Note: attach written estimates or other information received from vendors)				
Critical Factor(s): (in the selection of a vendor/brand/solution for this acquisition)				
Planned Acquisition Method				
Describe the manner in which this procurement will be conducted in fulfillment of state law				
By my signature, I ack	nowledge: (1)	this agency/institution will foll	low all applicable laws for public purchasing in	the acquisition, including developing
			thorough and equitable evaluation of all respon	

By my signature, I acknowledge: (1) this agency/institution will follow all applicable laws for public purchasing in the acquisition, including developing open specifications, advertising according to public law, ensuring a thorough and equitable evaluation of all responses, and responding in a timely manner to all public records and post procurement review requests; (2) this agency/institution will negotiate any and all applicable contracts and contract amendments arising from this procurement, with signature authority for the State being delegated by the ITS Executive Director to the executive of this agency/institution; and (3) any protests resulting from this procurement will be heard by the ITS Executive Director and/or ITS Board, in accordance with the ITS Protest Procedure and Policy. Authority of ITS Executive Director to negotiate limitation of liability per MS Code Section 25-53-21(e) cannot be delegated and does NOT apply to this exemption. In addition, I acknowledge that there is a charge for ITS procurement services associated with this request which will be billed to the requestor by ITS and that my agency/institution is responsible for these charges/costs.

Name (Agency Head or Institution CIO) / Title Signature Date